

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

- As a below named inventor, we hereby declare that:
- Our residence, post office address and citizenship are as stated below next to my name.
- We believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## LOGIC LEVEL VOLTAGE TRANSLATOR

the specification of which:

[X] was filed on February 25, 2004, as Application No. 10/786,357, Confirmation No. not yet assigned, bearing attorney docket No. A0312.70521US00.

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☑ Practitioners at Customer Number:

23628

Direct all correspondence to the above-mentioned customer number

Address all telephone calls to Jamie H. Rose at telephone no. (617) 720-3500.

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date

April 5th, 2004

Docket No.: A0312.70521US00 Declaration for Patent Application

Inventor's signature Full name of first or joint inventor:

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